

Renewal Application Welcome Page

Kansas

Help | Profile | Log In/Out

Home Applications Facilities

Kansas Quality Care Resource Center: Child Care and Early Education Portal

Welcome to the Kansas Child Care and Early Education Portal. The purpose of this website is to offer Child Care Providers, Early Education Professionals and Kansas Families a one-stop location to review information, submit online applications directly to DCF and KDHE, and conveniently exchange information with both agencies.

Register or Log In

Register as a user to apply with KDHE and DCF to provide child care services.

User Login

User ID:*
Password:*

OK

[Forgot Your Password?](#)

[Register as a User](#)

Resources

[Search for Child Care in Kansas](#)
Use this link to be routed to the Kansas resource and referral website.

[Review Child Care Facility Compliance Information](#)
Use this link to view compliance information and licensing history for a child care facility.
[\(more KDHE info\)](#)

Returning user

First time user must click here to register as a user

Directions to register for currently licensed facilities

- Each authorized user will need to enter the KDHE provided Person or Organization ID and the facility seven-digit License Number (including the leading zeros). This information is unique to each owner.

Examples:


KDHE Person or Organization ID: 12345

License Number: 0012345

* Do not include the dash or digits listed after.

- An organization is provided a single Organization ID, regardless of the number of facilities owned.
- Registration is to be completed by the owner or an authorized representative.
- Once registered, you or your authorized representative will login using the User Id and Password you created.
- Remember to save and secure your User Id and Password for future use.

Renewal Application



file | Log In/Out |

Home | Applications | Facilities

Provider Application:

Provider Application

First Name:*

Middle Name:

Last Name:*

Email:*

Suffix:

-Select-

▼

User ID:*

Use only these special characters ! @ # \$ % ^ & along with letters and/or numbers:

Password:*

Use at least one upper case letter, one lower case letter, one number, and one special character ! @ # \$ % ^ & * (Choose a password with at least 8 characters):

Verify Password:*

Challenge Question:*

Answer to Challenge Question:*

Your Contact Information

Address:*

Work Phone Number:

City:*

State:*

-Select-

▼

Fax Number:

Zip Code:*

Job Title:

Is the facility currently licensed by KDHE?:*

-Select-

▼

Next

Cancel

REMEMBER to save and secure your User Id and Password for future use.

If you currently have a valid license, select Yes

Renewal Application

Renew KDHE License

If you are currently a licensed day care provider- Click on **[Renew KDHE License]**.

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Home Applications Facilities

Facilities: 1 - 1 of 1

Facility Name	License Number	Program Type	DCF Type	Effective Date	Renewal Date	Physical Address	City	State	Zip
Lollipop Lane Day Care Home	0037033003	Group Day Care Home		4/27/2005	6/30/2012	1701 Rose	Leavenworth	KS	660480000

Facilities Affiliates

Lollipop Lane Day Care Home(0037033003)

We appreciate your patience. The next screen may take up to 60 seconds to appear. Please do not click on your browser back button.



Facility Name:* Lollipop Lane Day Care Home

Program Type: Group Day Care Home

DCF Type:

Physical Address: 1701 Rose

City: Leavenworth

State: KS

Zip: 660480000

Phone Number: (913) 651-5862

Email:

KDHE License Information

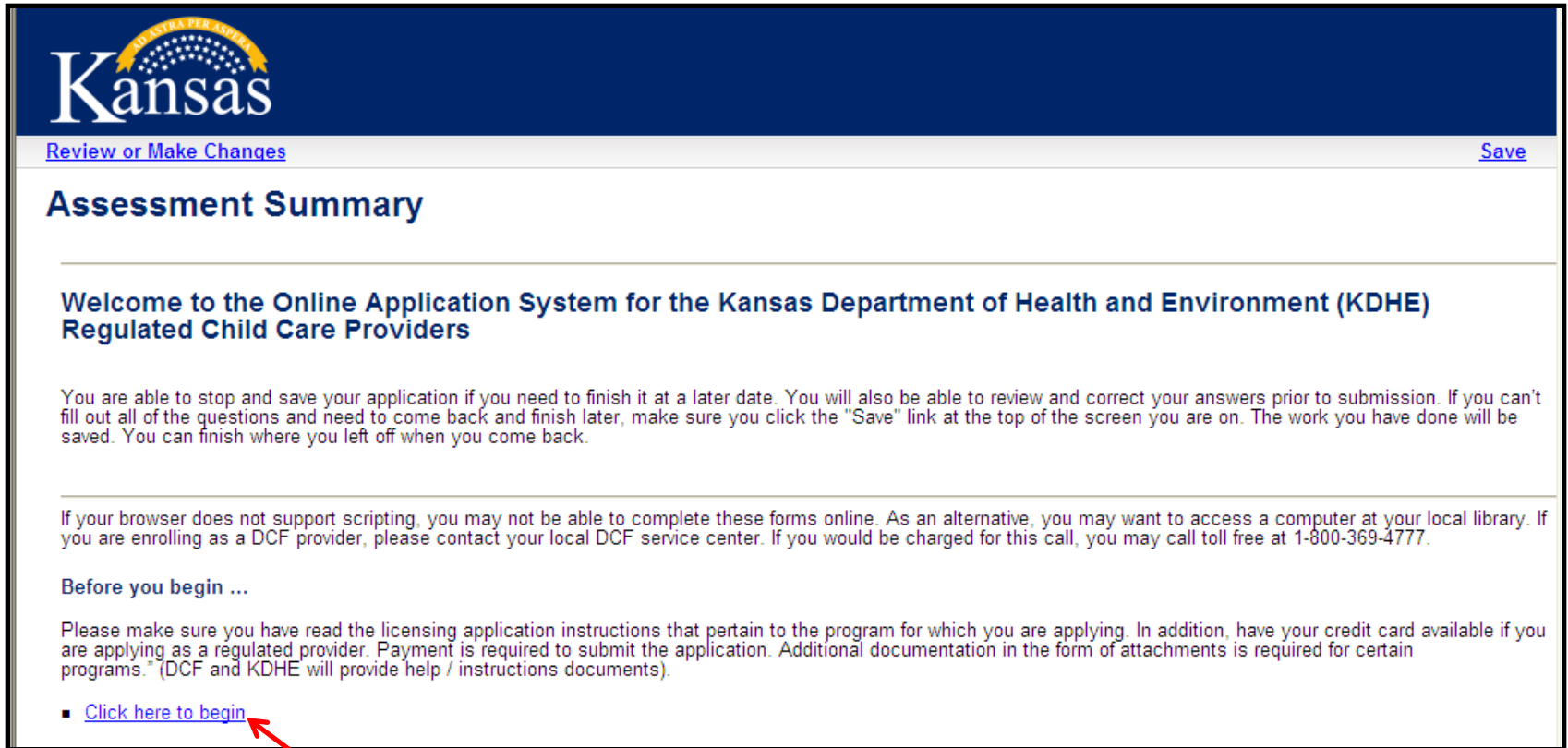
License Number: 0037033003


License Capacity: 12

Effective Date: 4/27/2005

Renewal Date: 6/30/2012

Renewal Application Assessment Summary



 **Kansas**
SALUSTIA PER ASPERA

[Review or Make Changes](#) [Save](#)

Assessment Summary

Welcome to the Online Application System for the Kansas Department of Health and Environment (KDHE) Regulated Child Care Providers

You are able to stop and save your application if you need to finish it at a later date. You will also be able to review and correct your answers prior to submission. If you can't fill out all of the questions and need to come back and finish later, make sure you click the "Save" link at the top of the screen you are on. The work you have done will be saved. You can finish where you left off when you come back.

If your browser does not support scripting, you may not be able to complete these forms online. As an alternative, you may want to access a computer at your local library. If you are enrolling as a DCF provider, please contact your local DCF service center. If you would be charged for this call, you may call toll free at 1-800-369-4777.

Before you begin ...

Please make sure you have read the licensing application instructions that pertain to the program for which you are applying. In addition, have your credit card available if you are applying as a regulated provider. Payment is required to submit the application. Additional documentation in the form of attachments is required for certain programs." (DCF and KDHE will provide help / instructions documents).

- [Click here to begin](#)

Click on "Click here to begin".

Renewal Application Program Type

The type of program will pre-populate.

Select “Yes” to enroll with DCF.

Click on **[Next]** to continue.

Kansas NO STRA PER ARDRE

[Back to my Application](#) | [Review or Make Changes](#) [Save](#)

Facility Owner/Provider Rates & Fees Parents Children Affiliates Submit

Type of Program

Please select the type of program to be provided at this facility:

Would you like to enroll with DCF as a child care provider? ☐ Yes ☒ No

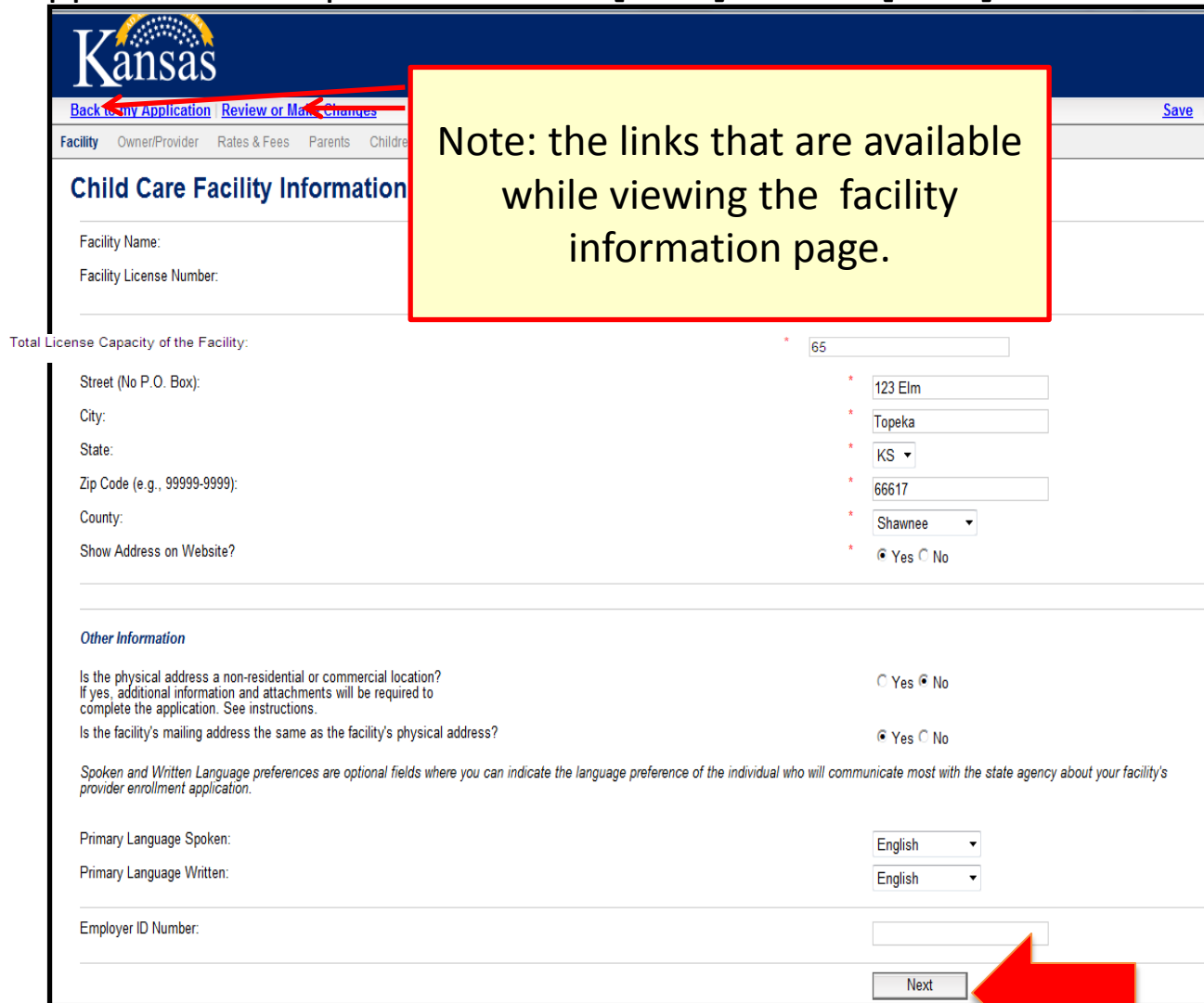
By selecting yes, you will be asked to complete a series of questions. Once your license status with KDHE is determined, your enrollment request will be sent to DCF. A determination will be made and DCF staff will notify you. Please note: If you are renewing and currently enrolled with DCF and no longer wish to be enrolled, you must contact DCF.

[Click here for more information on becoming an DCF Enrolled Child Care Provider](#)

Renewal Application

Verifying Information

Verify facility information. The facility address cannot be edited. If the facility has moved, an Initial Application is required. Click on **[Next]** or Click **[Save]** to exit.



Kansas

[Back to My Application](#) [Review or Make Changes](#) [Save](#)

Facility Owner/Provider Rates & Fees Parents Children

Child Care Facility Information

Facility Name:
Facility License Number:

Total License Capacity of the Facility: 65

Street (No P.O. Box): 123 Elm
City: Topeka
State: KS
Zip Code (e.g., 99999-9999): 66617
County: Shawnee
Show Address on Website? ☒ Yes ☐ No

Other Information

Is the physical address a non-residential or commercial location?
If yes, additional information and attachments will be required to complete the application. See instructions. ☐ Yes ☒ No

Is the facility's mailing address the same as the facility's physical address? ☒ Yes ☐ No

Spoken and Written Language preferences are optional fields where you can indicate the language preference of the individual who will communicate most with the state agency about your facility's provider enrollment application.

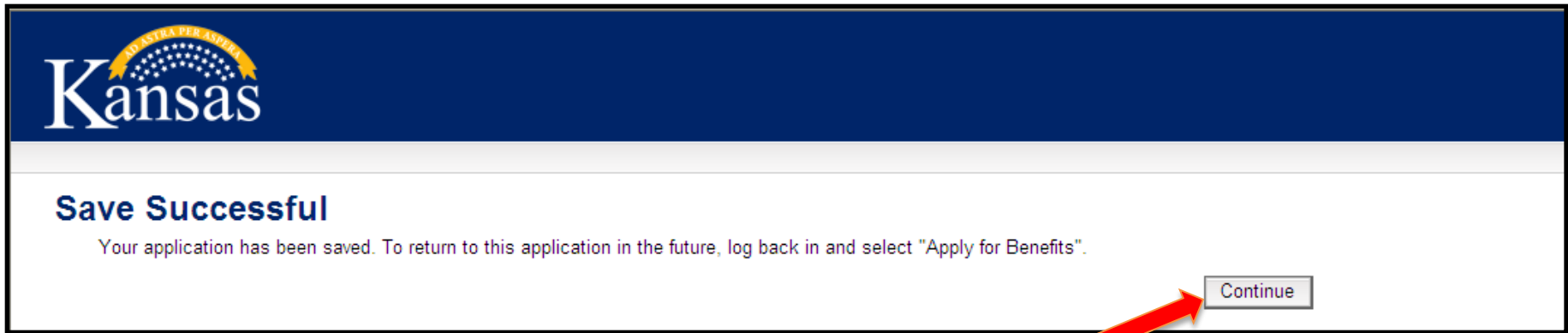
Primary Language Spoken: English
Primary Language Written: English

Employer ID Number:

Next

Renewal Application

Successful “Save” message



Click on **[Continue]**.

Renewal Application


Facility Mailing Address and Phone Numbers

Enter/edit facility mailing and phone number information.

Click on **[Next]**.

Note: If Alternate and/or Fax number is not entered, a message will display.

Click **[Next]** again to continue. (These are not required fields so you can go to the next screen without entering this information).

[Back to my Application](#) [Review or Make Changes](#) [Save](#)

Facility Owner/Provider Rates & Fees Parents Children Affiliates Submit

Facility Mailing Address and Phone Numbers

The alternate phone number was not completed. Please review and resubmit.
The fax number was not completed. Please review and resubmit.

Facility Mailing Address:

Street: 1402 Cedar St

City: Concordia

State:

Zip Code (e.g., 99999-9999): 669010000


Facility Primary Telephone Number (e.g., 555-555-5555): 7852433253

Facility Alternate Telephone Number (e.g., 555-555-5555):

Facility Fax Number (e.g., 555-555-5555):

Facility Email Address: dnelson@kdheks.gov

Contact Person's Name: Ruth Owen



Renewal Application

Owner Physical Address

If a Social Security number is not entered, a warning message will be displayed. By not completing the SSN field, the processing of the application may be delayed. Enter a Social Security number if the field is blank.

Click on **[Next]**.

[Back to my Application](#) [Review or Make Changes](#) [Save](#)

Facility Owner/Provider Rates & Fees Parents Children Affiliates Submit

Owner Physical Address

The SSN field was not completed which may delay processing of the application. Please review and resubmit.

Owner's Legal Name

First Name:

Middle Name:

Last Name:

Suffix:

Owner's Social Security Number (e.g., 000-00-0000):

Please note the Owner's Information entered on this page will be displayed on the owner/first affiliate section of this on-line application. Owner information in the affiliates section is read-only. If you need to make a change to the information displayed for the owner/first affiliate, you must return to this section to make changes.

2nd Owner's Name (if any):

Is every individual applicant a high school graduate or the equivalent (GED)? ☒ Yes ☐ No

Owner's Physical Address:

Street (No P.O. Box):

City:

State:

Zip Code (e.g., 99999 or 99999-9999):

County:

Owner's Telephone Number (e.g., 555-555-5555):

Owner's Fax Number (e.g., 555-555-5555):

Owner's Email Address:


Is owner's mailing address the same as the owner's physical address? ☒ Yes ☐ No

Renewal Application

DCF Headquarters Information

If you select to enroll with DCF, this screen will be displayed.

Click on **[Next]** to continue.



[Back to my Application](#) | [Review or Make Changes](#) [Save](#)

Facility **Owner/Provider** Rates & Fees Parents Children Affiliates Submit

Headquarters Information

For Billing Information

Name of Headquarters:

Address:

Street

City


State

Zip code (e.g., 99999 or 99999-9999)

Telephone Number: (e.g., 555-555-5555)


Fax Number: (e.g., 555-555-5555)

Email Address:



Renewal Application DCF Page

If you select to enroll with DCF, this screen will be displayed.
Enter information. Click on **[Next]**.

**Kansas**

[Back to my Application](#) | [Review or Make Changes](#)Save

Facility | Owner/Provider | **Rates & Fees** | Parents | Children | Affiliates | Submit

Other Fees

Do you charge an Enrollment fee?

☐ Yes ☐ No

Enrollment Fee/Child:

Enrollment Fee/Family:

Do you charge a Minimum Daily Rate?

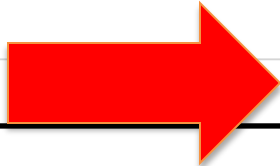
☐ Yes ☐ No

If "Yes", enter the Minimum Daily Rate amount:

Do you charge for a Minimum Number of Hours per day?

☐ Yes ☐ No

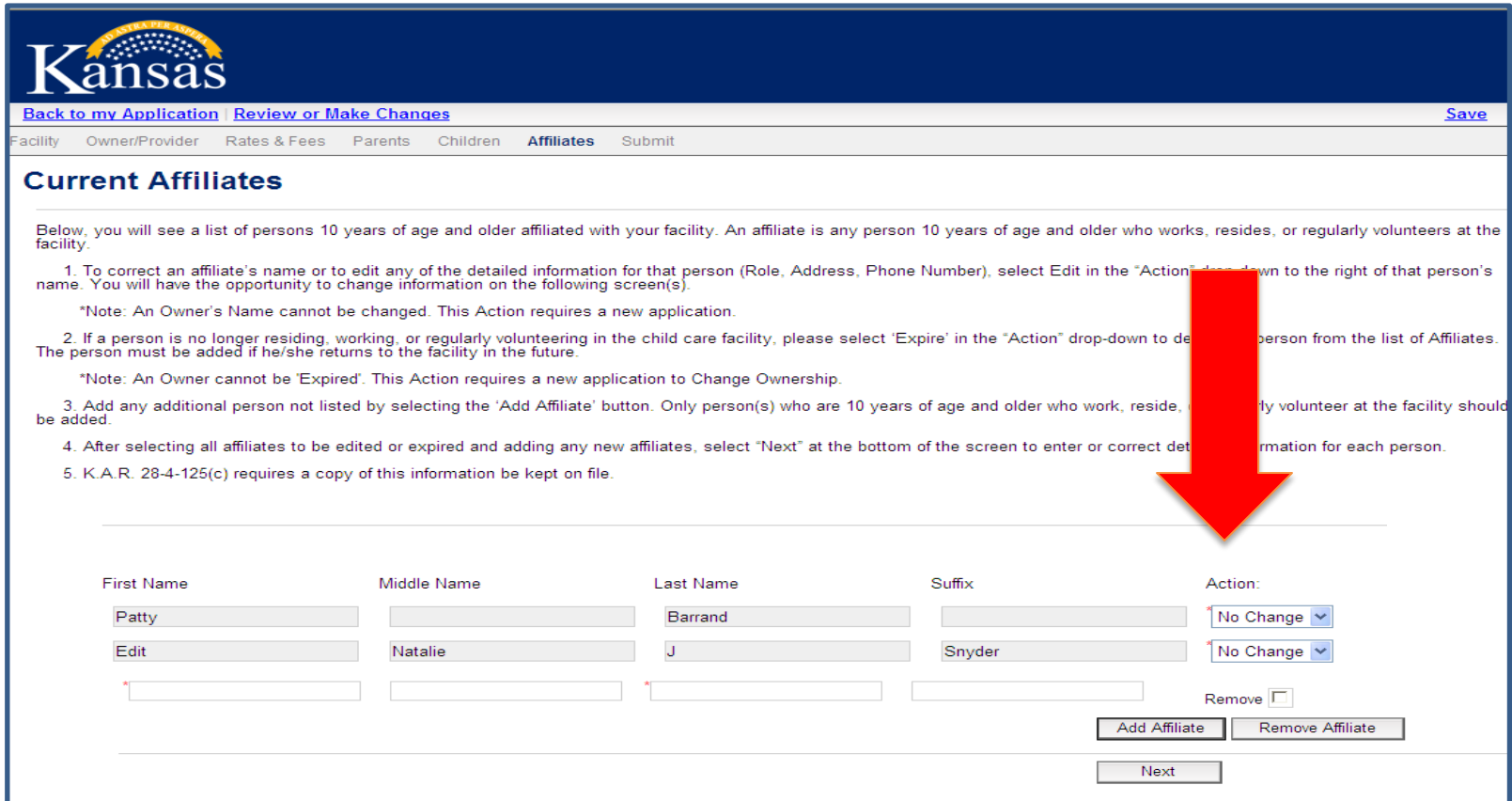
If "Yes", enter the Minimum Number of Hours:



Renewal Application

Modify Affiliates

- Click **[Add Affiliate]** for each affiliate and enter their First, Middle, Last name and Suffix, (i.e.- Sr, Jr, III), if applicable.
- Select **[Action]** for each affiliate (No change, Edit, Expire).
- To remove someone you just added: 1.) click on the box after **“Remove”** and then 2.) click on **[Remove Affiliate]**.
- Click **[Next]** when finished adding or editing affiliates.



Kansas

[Back to my Application](#) | [Review or Make Changes](#) [Save](#)

Facility | Owner/Provider | Rates & Fees | Parents | Children | **Affiliates** | Submit

Current Affiliates

Below, you will see a list of persons 10 years of age and older affiliated with your facility. An affiliate is any person 10 years of age and older who works, resides, or regularly volunteers at the facility.

1. To correct an affiliate's name or to edit any of the detailed information for that person (Role, Address, Phone Number), select Edit in the "Action" drop-down to the right of that person's name. You will have the opportunity to change information on the following screen(s).
**Note: An Owner's Name cannot be changed. This Action requires a new application.*
2. If a person is no longer residing, working, or regularly volunteering in the child care facility, please select 'Expire' in the "Action" drop-down to delete that person from the list of Affiliates. The person must be added if he/she returns to the facility in the future.
**Note: An Owner cannot be 'Expired'. This Action requires a new application to Change Ownership.*
3. Add any additional person not listed by selecting the 'Add Affiliate' button. Only person(s) who are 10 years of age and older who work, reside, or regularly volunteer at the facility should be added.
4. After selecting all affiliates to be edited or expired and adding any new affiliates, select "Next" at the bottom of the screen to enter or correct detailed information for each person.
5. K.A.R. 28-4-125(c) requires a copy of this information be kept on file.

First Name	Middle Name	Last Name	Suffix	Action:
Patty		Barrand		* No Change ▾
Edit	Natalie	J	Snyder	* No Change ▾
* <input type="text"/>	<input type="text"/>	* <input type="text"/>	<input type="text"/>	Remove <input type="checkbox"/>

Add Affiliate **Remove Affiliate**

Next

Renewal Application Affiliate Information

A page will populate for each person entered. Enter all requested identifying information - note the Affiliate name will be displayed at the top of the page.

Click on **[Next]**. Note – If a SSN is not provided, a warning message will be displayed that this may delay the application process. Enter the SSN if available and click on **[Next]**.

Kansas
[Back to my Application](#) [Review or Make Changes](#) [Save](#)

Facility Owner/Provider Rates & Fees Parents Children **Affiliates** Submit

Please Enter KDHE Information for Jan Globe

The SSN field was not completed which may delay processing of the application. Please review and resubmit.

Effective Date of Affiliation: * 15 November 2012

Role: * Administrator

SSN (e.g., 000-00-0000):

Please note: if the SSN number displayed above is read-only it is because the SSN is pulled over and displayed from the Owner Physical Address section of this on-line application. If you need to make a change to the Owner's SSN number information displayed on this screen you must return to the Owner Physical Address section. All other Affiliate SSN numbers can be added/edited on this page.

DOB: * 27 November 1955

Gender: * Female

Race: * White/Mexican/Caucasian

Hispanic/Latino? * ☐ Yes ☒ No

Address:

Street: * 1651 Skyline

City: * Topeka

State: * KS

Zip Code (eg. 99999-9999): * 66610

Phone (e.g., 555-555-5555): 7852201234

Maiden Name:

First Name:

Middle Name:

Last Name: Lee

Suffix:

Alias:

First Name:

Middle Name:


Last Name:

Suffix:

Renewal Application

KBI/DCF Screening Page

All questions are required to be answered. Click on **[Next]**.

[Back to my Application](#) [Review or Make Changes](#) [Save](#)

Facility Owner/Provider Rates & Fees Parents Children **Affiliates** Submit

KBI/DCF Screening

Has any affiliate been convicted of a misdemeanor or felony for any of the following: *

- a crime against persons
- a sexual offense
- crimes affecting family relationships and children

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Has any affiliate had a felony conviction under the uniform controlled substances act? *

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Has any affiliate been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant? *

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Has any affiliate committed physical, mental or emotional abuse, or neglect or sexual abuse as validated by DCF? *

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Has any affiliate had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect, or sexual abuse? *

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Has any affiliate had parental rights terminated? *


If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Has any affiliate signed a diversion agreement involving child abuse or a sexual offense? *

If Yes, Provide Name of Person, Date, & Court of Action, County and State:

Has any affiliate been found to be a disabled person in need of a guardian or conservator or both? *

If Yes, Provide Name of Person, Date, & Court of Action, County and State:



Carefully read each question. All questions are required to be answered. Click on **[Next]**.



Renewal Application

DCF Notifications and Agreements

If you enrolled by selecting yes at the beginning of the application, this page will appear. Click on **[Next]**.

[Back to my Application](#) | [Review or Make Changes](#)[Save](#)

Facility | Owner/Provider | Rates & Fees | Parents | Children | Affiliates | **Submit**

DCF Notifications and Agreements

DCF Agreements: I/We have read and understand the following statements:


I/We understand that the terms listed in the [DCF Provider Handbook](#), and child care provider agreement (including section 9) are incorporated into my (our) provider agreement with DCF and are legally binding. My (Our) signature on this application certifies that I/We have read and understand those terms and agree to them.

☒ Yes ☐ No



Renewal Application Signature Page

- Statements require a response.
- Sign and date.
- Click on **[Submit]**.

**Kansas**

[Back to my Application](#) | [Review or Make Changes](#) | Signature Page – Initial Applicat... [Save](#)

Facility | Owner/Provider | Rates & Fees | Parents | Children | Affiliates | **Submit**


Signature Page

I/We the undersigned are the person[s] named as the Applicant or the person[s] authorized to represent the owner. * ☒ Yes ☐ No

I/We declare, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this application is true and correct. * ☒ Yes ☐ No

Authorized Signature (Authorized person who filled out this form) *

Date



Assessment Summary

PLEASE read the entire page. Note the application tracking number assigned to the application. In order to pay fees, return to [Home] by clicking on the "X" in the upper-right corner to close this screen and click on [Pay KDHE Fee / Manage My Applications](#).

Online Childcare Providers - Windows Internet Explorer
https://kscapportalq.srs.ks.gov/provider/start.swe#SWEApplet5

Kansas

[Review or Make Changes](#)

Assessment Summary

Submitting the Application

You have successfully entered all the information for a Child Care Center application on 8/November/2012.

Your application tracking number is **1-12531221**. You may use this number to check on the status of your application when you return to the Provider Portal. Click "View My Applications" on the main page.

NOTE: To complete your application you must pay your licensing application fee. Payment with a credit card is required.

Your KDHE licensing application will be processed at the KDHE office in Topeka.

Kansas Department of Health and Environment
Child Care Licensing Program
1000 SW Jackson CSOB Suite 200
Topeka, KS 66612-1274

State Fees

The application is not yet submitted. The application fee below must be paid to continue processing. Payment with a credit card is required. [Return to the Home](#)

The application fee for a Child Care Center is nonrefundable.

KDHE base licensing fee (includes additional fees for Preschool):	\$75.00
Additional fee (\$1 per child in the license capacity for all programs except Preschool):	\$45.00
Late fee if renewing >30 days past renewal date:	\$0.00
2.5 percent convenience fee:	\$3.00
Total Due:	\$123.00

Required Attachments

NOTE: Please see instructions to determine if additional information and attachments are required to be submitted for the type of license which you are applying. Required attachments vary by program type.

When you return to the Provider Portal, click "Attachments". If you do not have the documents in an electronic format, please mail the documents within 5 days to:

Kansas Department of Health and Environment
Child Care Licensing Program
1000 SW Jackson CSOB Suite 200
Topeka, KS 66612-1274

NOTE: Mailing required documentation instead of submitting electronically may delay processing of the application. Please list your business name and license number (if available) on all correspondence. Maintain a copy of all documents for your records.

Renewal Application Attachments and Paying Fees

The Application Tab is used to:

- (1.) Submit Attachments – attachments must be attached prior to paying fees
- (2.) Pay Fees
- (3.) Print Application Summary

The screenshot shows the Kansas KDHE application portal. A red arrow points to the 'Applications' tab in the top navigation bar. Below the navigation bar, the 'Applications' section is active, showing a table of applications. The first application, with Confirmation Number 1-12742151, is highlighted. Below the table, the 'Attachments' button is highlighted with a red box and labeled (1.). The 'Pay Fees' button is also highlighted with a red box and labeled (2.). Below the buttons, a message states 'There are no fees for DCF Enrollment'. A summary of the application details is provided, including Confirmation Number, Facility Name, Address, City, State, Postal Code, KDHE Status, DCF Status, Submitted Date, Submitted By, Program Type, Application Type, and Application Category. At the bottom, the 'Print Application Summary (click link below)' button is highlighted with a red box and labeled (3.).

Kansas

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Home Applications Facilities

Applications: Applications | Query Cancel 1 - 1 of 1

Confirmation Number	Facility Name	KDHE Status	DCF Status	Submitted By	Submitted Date	Program Type	Application Type	Application Category
1-12742151	Jans Critters	Awaiting Payment	Not Applied	Globe, Jan	11/15/2012 11:13:19 AM	Child Care Center	New	KDHE Provider

Applications Attachments (1.)

1-12742151 1 of 1

Generate Application Summary Pay Fees (2.)

There are no fees for DCF Enrollment

Confirmation Number: * 1-12742151 KDHE Status: Awaiting Payment Submitted Date: 11/15/2012 11:13:19 AM
Facility Name: Jans Critters DCF Status: Not Applied Submitted By: Globe, Jan
Facility Address: 933 Skyline Program Type: Child Care Center Application Type: New
City: Topeka Application Category: KDHE Provider
State: KS
Postal Code: 66608

Print Application Summary (click link below) (3.)

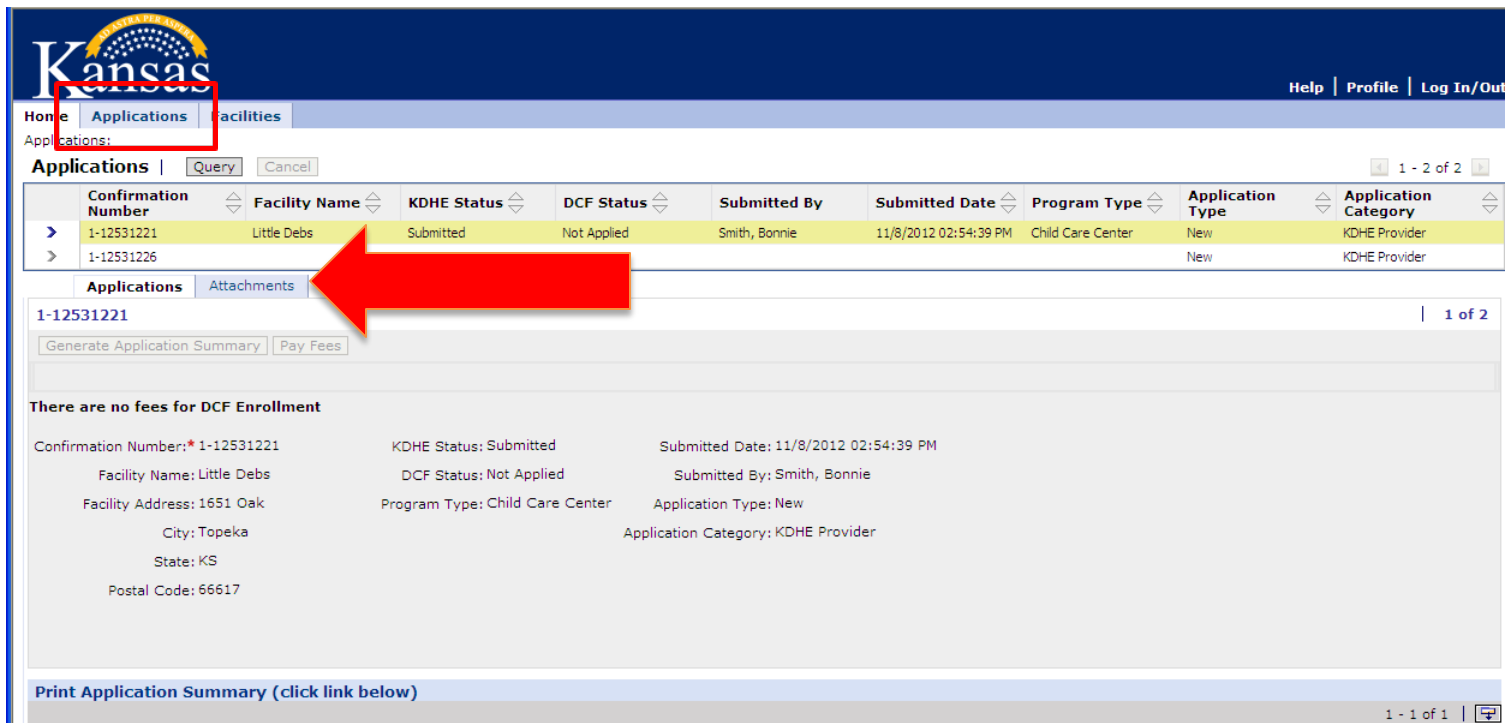
Report Name	Created Date
KDHE Application Summary	11/15/2012 11:13:46 AM

Renewal Application Required Attachments

You may add Attachments in the **[Application]** Tab. Select and click on **[Attachments]**.

Note: Additional documentation may be required for Child Care Center, Preschool, School Age Program, and Drop In Program renewal applications. Please review “Required Documentation”.

Mailing required documentation instead of submitting electronically, may delay processing of the application. Include business name and facility address on all correspondence. Maintain a copy of all submitted documentation.



Kansas | [Home](#) | **Applications** | [Facilities](#) | [Help](#) | [Profile](#) | [Log In/Out](#)

Applications: [Query](#) [Cancel](#) 1 - 2 of 2

Confirmation Number	Facility Name	KDHE Status	DCF Status	Submitted By	Submitted Date	Program Type	Application Type	Application Category
1-12531221	Little Debs	Submitted	Not Applied	Smith, Bonnie	11/8/2012 02:54:39 PM	Child Care Center	New	KDHE Provider
1-12531226							New	KDHE Provider

Applications | **Attachments**

1-12531221 | 1 of 2

[Generate Application Summary](#) [Pay Fees](#)

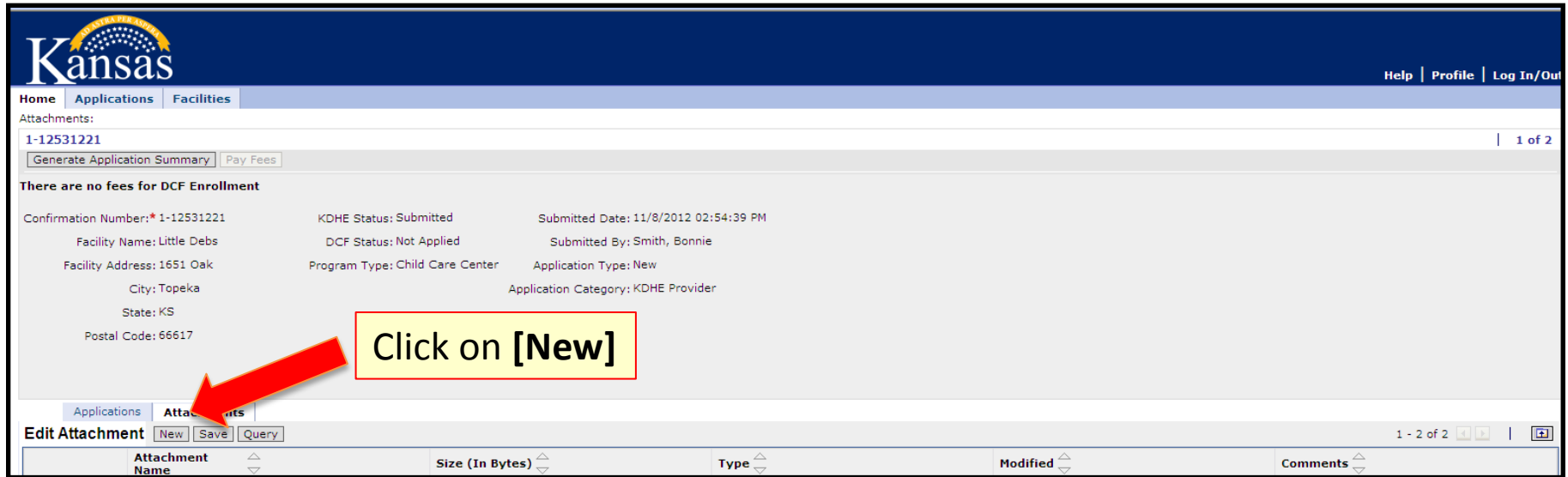
There are no fees for DCF Enrollment

Confirmation Number: * 1-12531221	KDHE Status: Submitted	Submitted Date: 11/8/2012 02:54:39 PM
Facility Name: Little Debs	DCF Status: Not Applied	Submitted By: Smith, Bonnie
Facility Address: 1651 Oak	Program Type: Child Care Center	Application Type: New
City: Topeka		Application Category: KDHE Provider
State: KS		
Postal Code: 66617		

[Print Application Summary \(click link below\)](#)

1 - 1 of 1

Renewal Application Attach Documentation



Kansas DEPARTMENT OF CHILDREN & FAMILY SERVICES

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Home Applications Facilities

Attachments: 1-12531221 | 1 of 2

[Generate Application Summary](#) [Pay Fees](#)

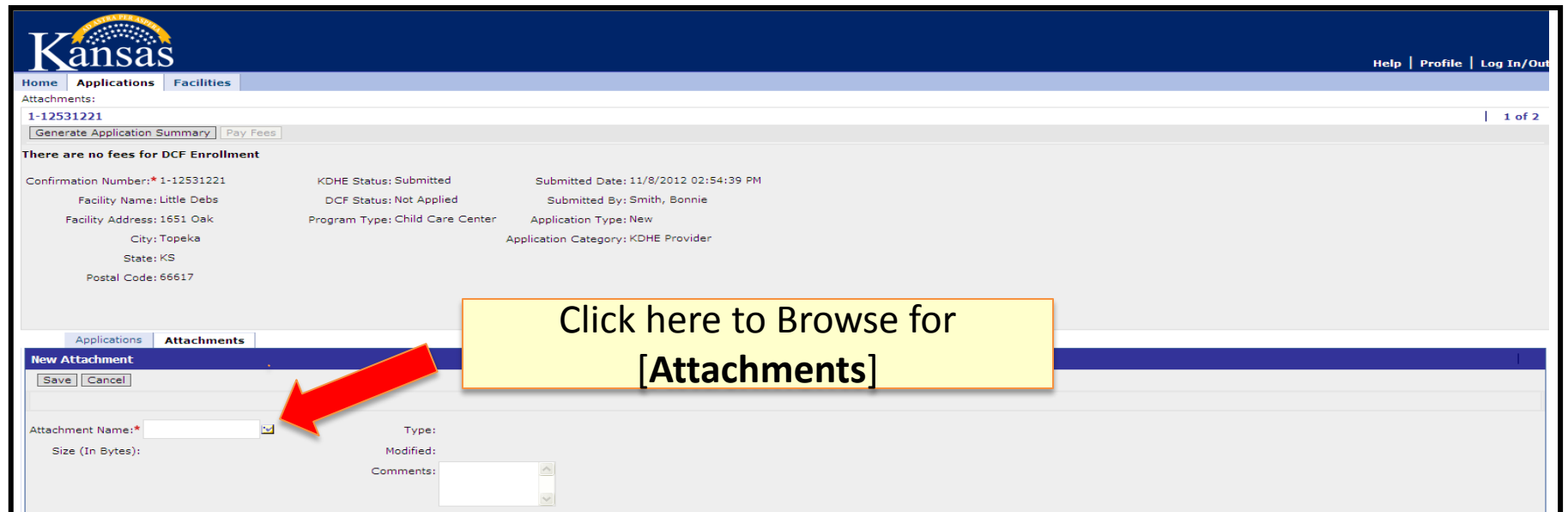
There are no fees for DCF Enrollment

Confirmation Number: * 1-12531221 KDHE Status: Submitted Submitted Date: 11/8/2012 02:54:39 PM
Facility Name: Little Debs DCF Status: Not Applied Submitted By: Smith, Bonnie
Facility Address: 1651 Oak Program Type: Child Care Center Application Type: New
City: Topeka Application Category: KDHE Provider
State: KS
Postal Code: 66617

Applications Attachments

Edit Attachment [New](#) [Save](#) [Query](#) 1 - 2 of 2

Attachment Name	Size (In Bytes)	Type	Modified	Comments
-----------------	-----------------	------	----------	----------



Kansas DEPARTMENT OF CHILDREN & FAMILY SERVICES

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Home Applications Facilities

Attachments: 1-12531221 | 1 of 2

[Generate Application Summary](#) [Pay Fees](#)


There are no fees for DCF Enrollment

Confirmation Number: * 1-12531221 KDHE Status: Submitted Submitted Date: 11/8/2012 02:54:39 PM
Facility Name: Little Debs DCF Status: Not Applied Submitted By: Smith, Bonnie
Facility Address: 1651 Oak Program Type: Child Care Center Application Type: New
City: Topeka Application Category: KDHE Provider
State: KS
Postal Code: 66617

Applications Attachments

New Attachment

[Save](#) [Cancel](#)

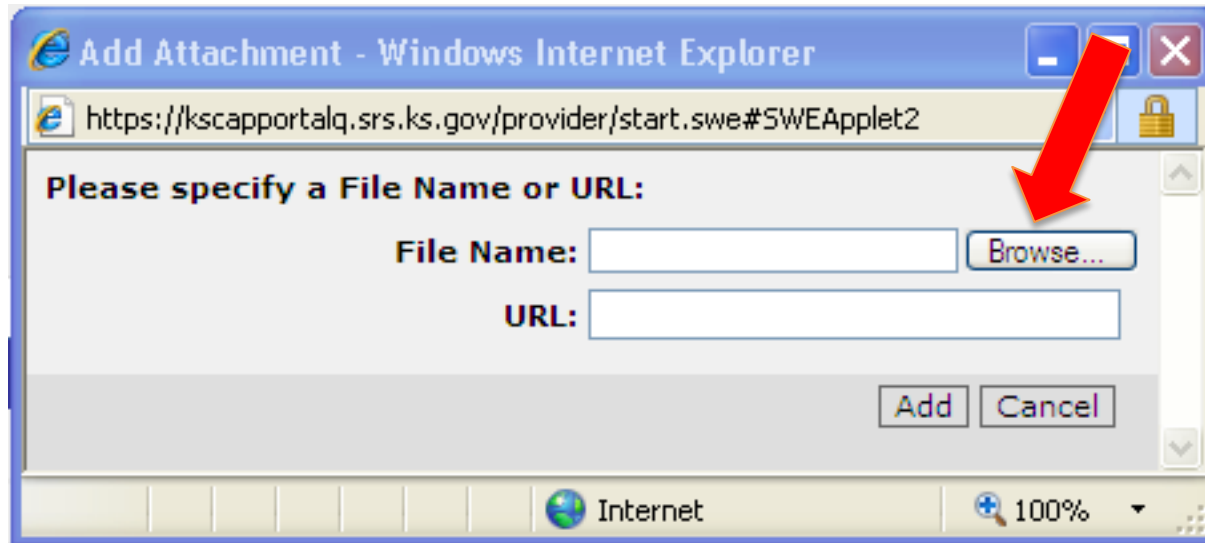
Attachment Name: * 

Size (In Bytes): Type:
Modified:
Comments:

Renewal Application

Browse for Attachment

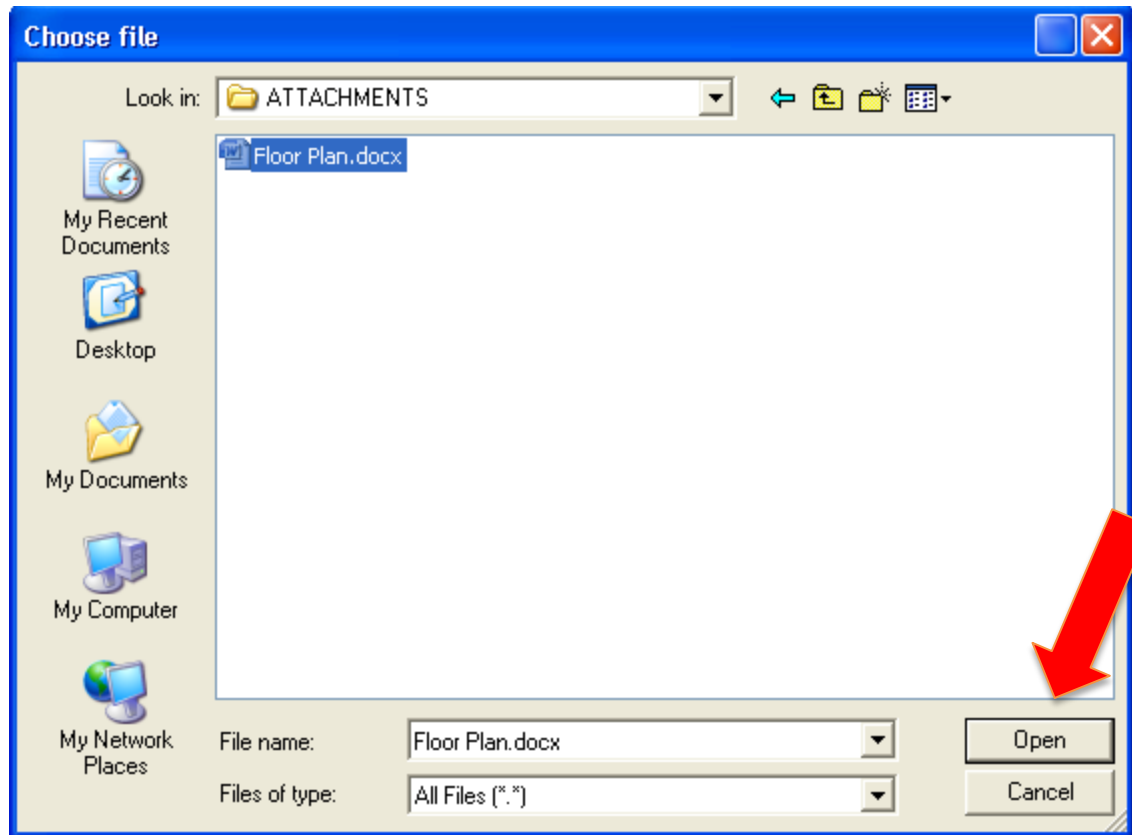
Click on [**Browse...**] to locate attachment.



Renewal Application Attachment Located

Click on the attachment.

Click on **[Open]**.



Renewal Application Attachment Added

Note the attachment is now displayed in the “Attachment Name” field.

Once an attachment is saved, it cannot be modified or removed. Comments can be added in the “Comments” box.

The screenshot displays the Kansas Department of Children and Families (DCF) Enrollment application interface. The top navigation bar includes links for Home, Applications, and Facilities. The main content area shows the application details for ID 1-12531221, including confirmation number, facility name (Little Debs), address (1651 Oak, Topeka, KS), and submission date (11/8/2012). A red arrow points to the 'New Attachment' section at the bottom. In this section, the 'Attachment Name' field is highlighted with a red box and contains the text '* Floor Plan'. The 'Type' is listed as 'docx', and the 'Size' is 72,041 bytes. A yellow box labeled 'Comments box' points to the 'Comments' field, which is currently empty.

Kansas

Home | Applications | Facilities

Attachments: 1-12531221 | 1 of 2

[Generate Application Summary](#) | [Pay Fees](#)

There are no fees for DCF Enrollment

Confirmation Number: * 1-12531221 KDHE Status: Submitted Submitted Date: 11/8/2012 02:54:39 PM
Facility Name: Little Debs DCF Status: Not Applied Submitted By: Smith, Bonnie
Facility Address: 1651 Oak Program Type: Child Care Center Application Type: New
City: Topeka Application Category: KDHE Provider
State: KS
Postal Code: 66617

[Applications](#) | [Attachment](#)

New Attachment

[Save](#) | [Cancel](#)

Attachment Name: * Floor Plan Type: docx
Size (In Bytes): 72,041 Modified: 11/9/2012 05:12:05 PM
Comments:

Comments box

Renewal Application Pay KDHE Fee

Click on “Pay KDHE Fee / Manage My Application” to make payment.

*** NOTE: Once the fee is paid, the application cannot be modified.**

The screenshot shows the Kansas Department of Health and Environment (KDHE) website. The header features the Kansas state logo and navigation links: Home, Applications, Facilities, Help, Profile, and Log In/Out. The date Thursday, November 08, 2012, is displayed in the top right. A 'Welcome,' message is accompanied by a family photo. The main content area is divided into three columns. The left column, 'Apply to Provide Child Care Services in Kansas', lists links for new providers, DCF enrollment for licensed, unregulated, in-home, and out-of-home relative providers. The middle column, 'Existing Child Care Providers', contains links for managing facilities and affiliates, and a link for 'Pay KDHE Fee / Manage My Applications' which is highlighted with a red box and a red arrow. The right column, 'Resources', provides links for searching for child care and reviewing facility compliance information.

Kansas DO HEALTHY PEOPLE LIVE HERE

Help | Profile | Log In/Out

Home Applications Facilities

Welcome,

Thursday, November 08, 2012

Apply to Provide Child Care Services in Kansas

KDHE Online Child Care Application
Use this link to start or continue the application process with KDHE to become a licensed child care provider. This application will also give you the opportunity to enroll with DCF. If you have not attended an orientation, contact your local child care surveyor.
(more info)

DCF Enrollment for KDHE Licensed Providers
Use this link to start or continue enrollment as a Regulated provider for families receiving DCF Child Care Subsidy. Your facility must be licensed with KDHE.
(more info)

DCF Enrollment for Unregulated Providers
Use this link to start or continue enrollment if you are a facility not required to be licensed by KDHE. Examples include out-of-state facilities serving Kansas families, facilities on a military base, or programs owned and operated by school districts.
(more info)

DCF Enrollment for In-Home Providers
Use this link if you have been referred by an DCF staff member to provide child care in the home of a family eligible to receive child care benefits. Care will be provided in the family's home.
(more info)

DCF Enrollment for Out-Of-Home Relative Providers
Use this link if you have been referred by an DCF staff member to provide child care to a relative eligible to receive child care benefits. Care will be provided in the provider's home.
(more info)

Existing Child Care Providers

Manage My Facilities and Affiliates
Use this link to: Renew your license with KDHE, View your facilities, View/Modify your Affiliates.
(more info)

Pay KDHE Fee / Manage My Applications
Use this link to: Submit payments or attachments, view and print submitted applications.

Resources

Search for Child Care in Kansas
Use this link to be routed to the Kansas resource and referral website.

Review Child Care Facility Compliance Information
Use this link to view compliance information and licensing history for a child care facility.
(more info)

Renewal Application Pay Fees

Click on **[Pay Fees]**.

The screenshot shows the Kansas Renewal Application interface. At the top is the Kansas logo and navigation links: Home, Applications, Facilities, Help, Profile, Log In/Out. Below the navigation bar, the 'Applications' section is active, showing a table of applications. The first application, with Confirmation Number 1-12531221, is highlighted. Below the table, the 'Applications' tab is selected, and the 'Pay Fees' button is visible. A red arrow points from a yellow callout box to this button. The callout box contains the text: 'KDHE Status must be "Awaiting Payment" to pay fees. Refresh page as necessary.' Below the 'Pay Fees' button, the application details are displayed, including Confirmation Number, Facility Name, Address, City, State, Postal Code, KDHE Status, DCF Status, Program Type, Submitted Date, Submitted By, Application Type, and Application Category.

Applications | Query | Cancel | 1 - 2 of 2

Confirmation Number	Facility Name	KDHE Status	DCF Status	Submitted By	Submitted Date	Program Type	Application Type	Application Category
> 1-12531221	Little Debs	Awaiting Payment	Not Applied	Smith, Bonnie	11/8/2012 02:54:39 PM	Child Care Center	New	KDHE Provider
> 1-12531226							New	KDHE Provider

Applications | Attachments

1-12531221 | 1 of 2

Generate Application Summary | **Pay Fees**

There are no fees for DCF Enrollment

Confirmation Number: * 1-12531221 KDHE Status: Awaiting Payment Submitted Date: 11/8/2012 02:54:39 PM
Facility Name: Little Debs DCF Status: Not Applied Submitted By: Smith, Bonnie
Facility Address: 1651 Oak Program Type: Child Care Center Application Type: New
City: Topeka Application Category: KDHE Provider
State: KS
Postal Code: 66617

[Print Application Summary \(click link below\)](#)

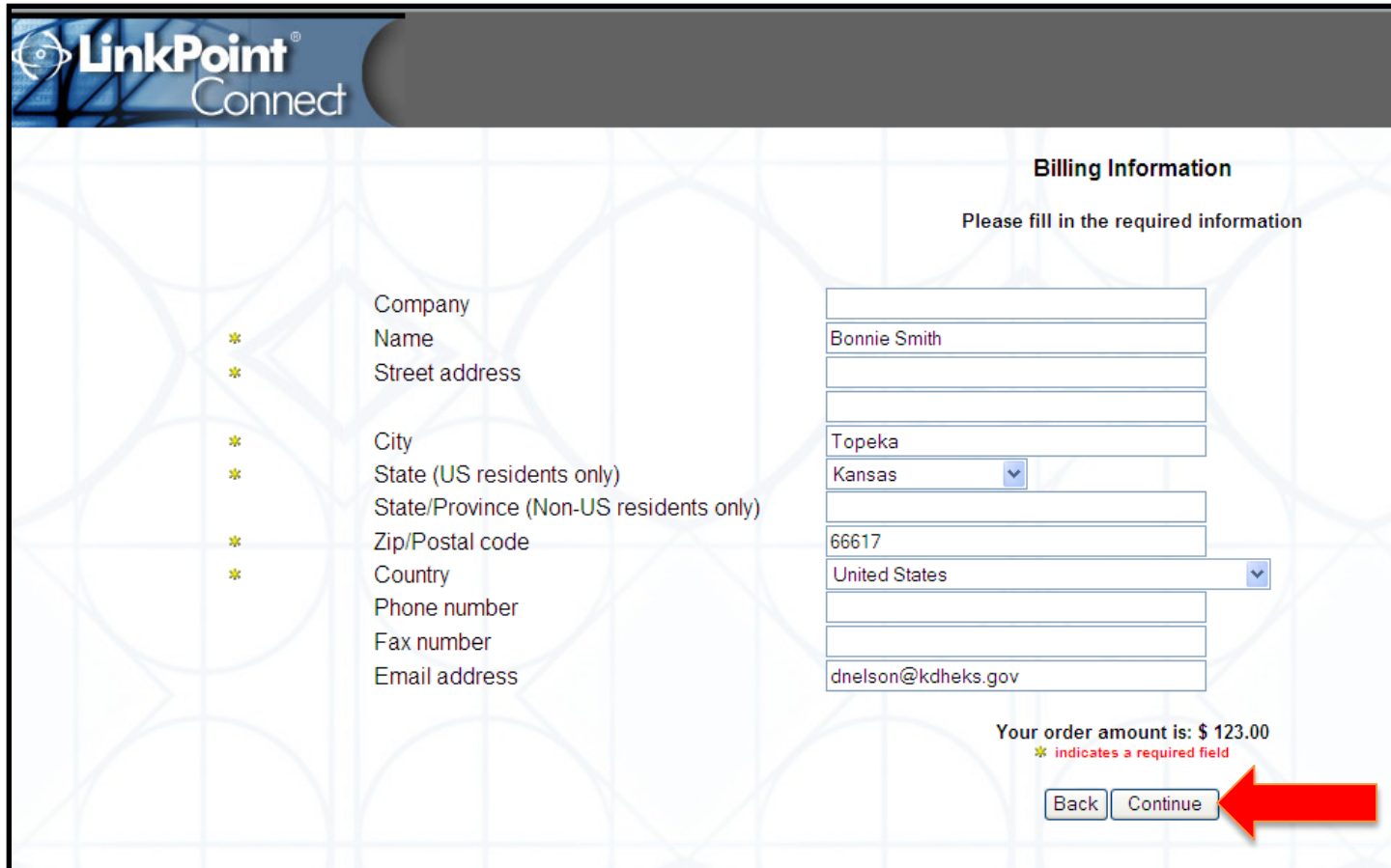
Report Name: KDHE Application Summary Created Date: 11/8/2012 02:55:10 PM

Renewal Application

1st page displayed to Pay Fees

Enter all required billing information.

Click on **[Continue]**.



The screenshot shows the 'LinkPoint Connect' logo at the top left. The main heading is 'Billing Information' with the instruction 'Please fill in the required information'. The form contains several fields, some marked with a yellow asterisk (*) to indicate they are required. The fields and their values are: Company Name (Bonnie Smith), Street address (empty), City (Topeka), State (US residents only) (Kansas), State/Province (Non-US residents only) (empty), Zip/Postal code (66617), Country (United States), Phone number (empty), Fax number (empty), and Email address (dnelson@kdheks.gov). At the bottom right, it states 'Your order amount is: \$ 123.00' and includes a legend '* indicates a required field'. There are 'Back' and 'Continue' buttons at the bottom right, with a large red arrow pointing to the 'Continue' button.

LinkPoint[®] Connect

Billing Information

Please fill in the required information

*	Company Name	<input type="text" value="Bonnie Smith"/>
*	Street address	<input type="text"/>
*	City	<input type="text" value="Topeka"/>
*	State (US residents only)	<input type="text" value="Kansas"/>
	State/Province (Non-US residents only)	<input type="text"/>
*	Zip/Postal code	<input type="text" value="66617"/>
*	Country	<input type="text" value="United States"/>
	Phone number	<input type="text"/>
	Fax number	<input type="text"/>
	Email address	<input type="text" value="dnelson@kdheks.gov"/>

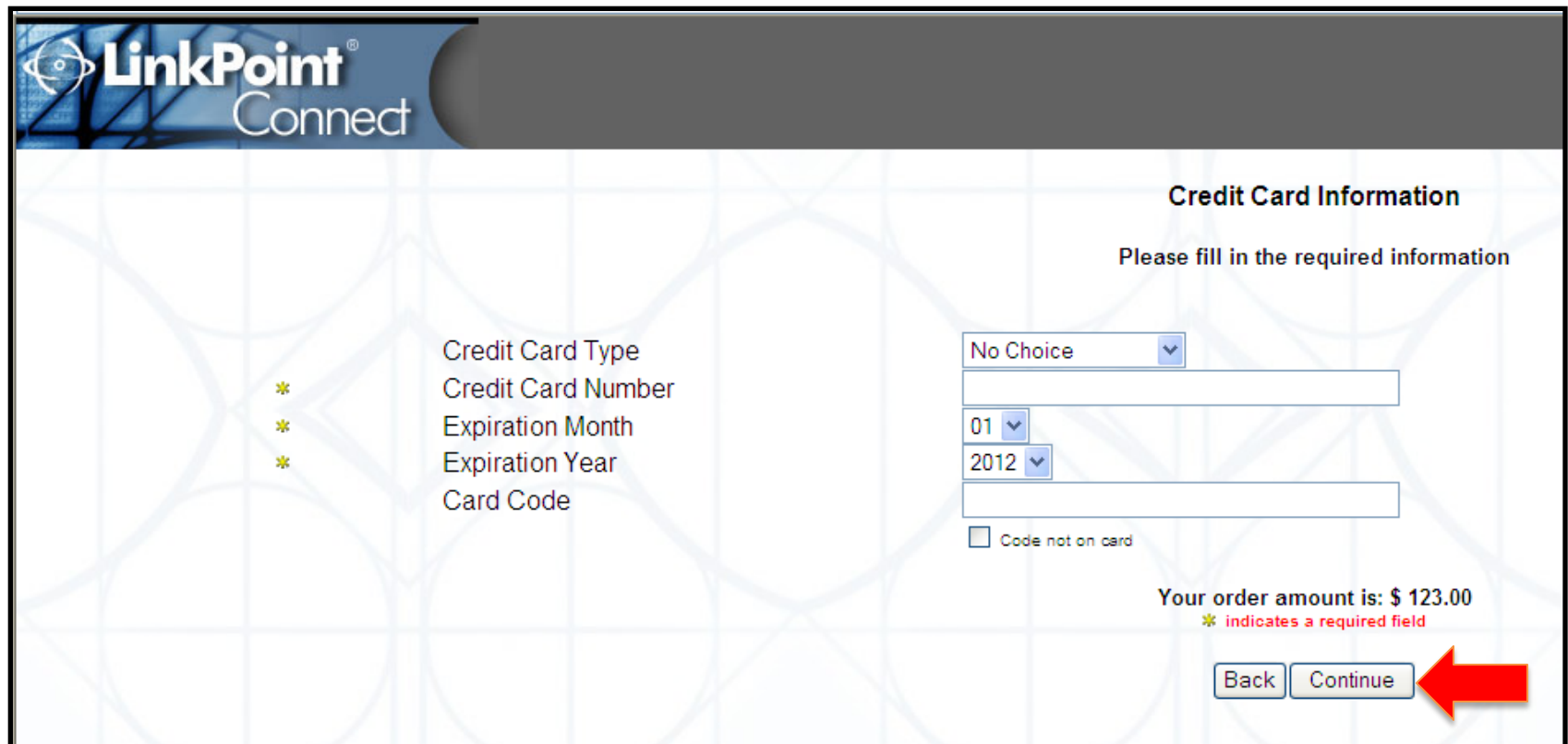
Your order amount is: \$ 123.00
* indicates a required field

Renewal Application

Credit Card Information

Enter Credit Card information.

Click on **[Continue]**.



The screenshot shows the 'LinkPoint Connect' logo at the top left. The main heading is 'Credit Card Information' with a sub-instruction 'Please fill in the required information'. On the left, a list of required fields is marked with asterisks: Credit Card Type, Credit Card Number, Expiration Month, Expiration Year, and Card Code. The form fields on the right include a dropdown for 'Credit Card Type' (set to 'No Choice'), a text input for 'Credit Card Number', two dropdowns for 'Expiration Month' (set to '01') and 'Expiration Year' (set to '2012'), and a text input for 'Card Code'. Below these is a checkbox labeled 'Code not on card'. At the bottom right, it states 'Your order amount is: \$ 123.00' and includes a legend '* indicates a required field'. Finally, there are 'Back' and 'Continue' buttons, with a large red arrow pointing to the 'Continue' button.

LinkPoint[®] Connect

Credit Card Information

Please fill in the required information

- * Credit Card Type
- * Credit Card Number
- * Expiration Month
- * Expiration Year
- * Card Code

No Choice ▼

01 ▼

2012 ▼

☐ Code not on card

Your order amount is: \$ 123.00

* indicates a required field

Back Continue

Renewal Application Payment Approval Status

If the payment was approved, the application has been submitted.

A notification email will be sent to the address given when registering as a user.

****If the payment is declined, use a different credit card or contact your credit card company. This is not a KDHE system, so we are unable to assist with declined cards.**

Kansas Department of Children and Family Services

Home Applications Facilities Help Profile Log In/Out

Payment: 1-12531221 1 of 1+

[Generate Application Summary](#) [Pay Fees](#)

There are no fees for DCF Enrollment

Confirmation Number: * 1-12531221	KDHE Status: Submitted	Submitted Date: 11/8/2012 02:54:39 PM
Facility Name: Little Debs	DCF Status: Not Applied	Submitted By: Smith, Bonnie
Facility Address: 1651 Oak	Program Type: Child Care Center	Application Type: New
City: Topeka	Application Category: KDHE Provider	
State: KS		
Postal Code: 66617		


1 of 1+

Approval Code: Y:OK242C0016568555:nullnull:
Payment Status: APPROVED
Transaction Time: 11/8/2012 04:16:24 PM

This payment was
"APPROVED"

Renewal Application Application Summary

To print the Summary, click on the “KDHE Application Summary” link.
The Summary will print as a PDF document.

Help | Profile | Log In/Out

Home Applications Facilities

Applications:

1 - 2 of 2

	Confirmation Number	Facility Name	KDHE Status	DCF Status	Submitted By	Submitted Date	Program Type	Application Type	Application Category
>	1-12531221	Little Debs	Submitted	Not Applied	Smith, Bonnie	11/8/2012 02:54:39 PM	Child Care Center	New	KDHE Provider
>	1-12531226							New	KDHE Provider

Applications Attachments

1-12531221 | 1 of 2

There are no fees for DCF Enrollment

Confirmation Number: *1-12531221

Facility Name: Little Debs

Facility Address: 1651 Oak

City: Topeka

State: KS

Postal Code: 66617

KDHE Status: Submitted

DCF Status: Not Applied

Program Type: Child Care Center

Submitted Date: 11/8/2012 02:54:39 PM

Submitted By: Smith, Bonnie

Application Type: New

Application Category: KDHE Provider

Print Application Summary (click link below)

Report Name

KDHE Application Summary

Created Date

11/8/2012 02:55:10 PM

1 - 1 of 1

Kansas Department of Health and Environment
Child Care Licensing Program
1000 SW Jackson St, Ste 200
Topeka, KS 66612-1274
785.296.1270
www.kdheks.gov/kidsnet

REVIEW OF APPLICATION FOR Child Care Center

INSTRUCTIONS:

- If you cannot read and understand English, please have this document read to you or translated. (Si no puede leer y entender inglés, por favor pida a alguien que le traduzca este documento y se lo lea antes de firmar.)

APPLICATION TYPE

Application Tracking Number: 1-12531221

☒ New Application

☒ New Facility

☐ Facility Already Licensed

☐ Moving to New Location Anticipated Move Date:

☐ Changing Ownership Anticipated Date of Ownership Change:

☐ Program Type Change

☐ Request to Renew

CHILD CARE FACILITY INFORMATION

Facility Name: Little Debs

License Number:

Renewal Date:

Total License Capacity: 45

Facility Physical Address (No P.O. Box)

Street	City	State	Zip	County
1651 Oak	Topeka	KS	66617	Shawnee

Facility Mailing Address

Street	City	State	Zip
1651 Oak	Topeka	KS	66617

Show Address on Website: Yes
Primary Telephone Number: (785)222-2222
Alternate Telephone Number:
Fax Number: (785)111-1111
Email Address: dnelson@kdheks.gov
Facility Contact: Bonnie Smith
Year Facility Built: 1985
Public Water: Yes
Public Sewer: Yes
Fire Safety Inspection: 07/20/2012
Fire Safety Acceptance/Approval: 07/20/2012

Facility Operation Schedule: All Year
Qualified Program Director: Bonnie Smith
Date of Orientation: 06/27/2012
KQRIS Rating: 5

OWNER INFORMATION

Type of Ownership: Owner - Limited Liability Corp
Legal Owner: Smith Inc **Contact Name:** Bonnie Smith

Employer ID Number (EIN): 12345678
Secretary of State Business Entity ID Number: 87654321
Owner's Telephone Number: (785)999-9999
Owner's Fax Number: (785)888-8888
Owner's Email Address: dnelson@kdheks.gov

Address

Street	City	State	Zip
1000 Elm	Topeka	KS	66612

Owner's Mailing Address

Street	City	State	Zip
1000 Elm	Topeka	KS	66612

REQUEST FOR KBI/DCF SCREENING

Regulation requires this list to include all persons 10 years of age and older living, working, or regularly volunteering in the child care facility. Below is a list of individuals submitted as affiliates on the application.

Name: Betty Smith	Effective Date: 11/08/2012	Role: Employee	SSN:	DOB: 05/13/1960	Gender: Female
Race: White/Mexican/Caucasian	Hispanic/Latino? No	Alias:	Maiden Name:	Lee	
Address: 111 1st Street, Topeka, KS 66615		Phone Number:			
Name: Bonnie Smith	Effective Date: 11/08/2012	Role: Program Director	SSN: 111-11-1111	DOB: 01/01/1965	Gender: Female
Race: White/Mexican/Caucasian	Hispanic/Latino? No	Alias:	Maiden Name:	Lowe	
Address: 1651 Oak, Topeka, KS 66617		Phone Number: (785)222-2222			
Name: David Smith	Effective Date: 11/08/2012	Role: Employee	SSN:	DOB: 02/27/1967	Gender: Male
Race: White/Mexican/Caucasian	Hispanic/Latino? No	Alias:	Maiden Name:		
Address: 222 Elm, Topeka, KS 66617		Phone Number: (785)111-1111			

Renewal Application

Customer and Provider Portal Home Page

Click on **[Manage My Facilities and Affiliates]** any time to update your affiliate list or check the status of your application.

Kansas ADULT CARE SERVICES

Home Applications Facilities **Manage My Affiliates** Help Profile Log In/Out

Welcome, Patty Groves! Monday, February 04, 2013

Apply to Provide Child Care Services in Kansas

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Use this link to begin a new or continue a saved application with KDHE. If you have not attended an orientation, contact your local child care surveyor. This application will also give you the opportunity to enroll with DCF.
(more KDHE info)

DCF Enrollment for KDHE Licensed Providers
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(more DCF info)

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(more DCF info)

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(more DCF info)

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(more DCF info)

Existing Child Care Providers

Renew KDHE License and Manage My Affiliates
Use this link to Renew your License with KDHE, continue a saved KDHE Renewal Application, View or Modify your Affiliates.
(more KDHE info) (more DCF info)

Pay KDHE Fee/View My Applications
Use this link to: Submit payments or attachments, view and print submitted applications.

****** IMPORTANT ******

In order for you to complete the online application the computer you are using MUST have one of the following internet browsers:

- MS Windows 7 - must have Internet Explorer 8 (IE8)
- MS Vista - Internet Explorer 6 (IE6), Internet Explorer 7 (IE7), and Internet Explorer 8 (IE8)
- MS XP - Internet Explorer 6 (IE6), Internet Explorer 7 (IE7), and Internet Explorer 8 (IE8)
- MS XP Tablet - Internet Explorer 6 (IE6) and Internet Explorer 7 (IE7)

Resources

Search for Child Care in Kansas
Use this link to be routed to the Kansas resource and referral website.

Review Child Care Facility Compliance Information
Use this link to view compliance information and licensing history for a child care facility.
(more info)



KDHE Child Care Licensing
1000 SW Jackson Ave Suite 200
Topeka, KS 66612

For Assistance with the online application please call:
(785) 296-1270